

Johne's Disease Fecal Proficiency Test 2004 Order Form

Your Laboratory Information *Please Print clearly*

Laboratory Name: _____ Lab Code: _____
Lab Director: _____ Phone: _____
E-mail Address: _____

Correspondence mailing address : _____
Address: _____
City: _____ State: _____ Zip: _____
Kit Shipping Address: _____
City: _____ State: _____ Zip: _____

Fecal Kit Contact: _____
E-mail Address: _____
Contact Phone: _____ Fax: _____

Payment Preference:

- ☐ Money Order enclosed (payable to "USDA-APHIS" in US dollars)
☐ Check enclosed (payable to "USDA-APHIS" in US dollars)
☐ VISA# _____ Exp.Date _____
☐ MasterCard _____ Exp. Date _____
☐ American Express # _____ Exp. Date _____
☐ NVSL user fee Account # _____

Code	Description	Unit Cost	# of Units	Total Dollars
JFE-CHK	Johne's Fecal Proficiency Test			\$
JFE-POL	Johne's Fecal Pooling Kit			\$
Shipping	Within the US			\$
Charges	Canada (import permit required)			\$
	All other countries (import permit required)			\$
			Total Due	\$

Please Remit To:

User Fees
USDA, APHIS, VS, NVSL
P.O. Box 844
Ames, IA 50010
Fax (515) 663-7402